



FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/840,795
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 23, 2001
TOTAL AMOUNT OF PAYMENT (\$) 410.00		First Named Inventor	Erin E. MURPHY
		Examiner Name	E. Ohara
		Group Art Unit	1646
		Attorney Docket No.	140942000401

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None
Deposit Account Number	03-1952
Deposit Account Name	Morrison & Foerster LLP
The Commissioner is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
to the above-identified deposit account.	

FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1001	2001	750	375	Utility filing fee
1002	2002	330	165	Design filing fee
1003	2003	520	260	Plant filing fee
1004	2004	750	375	Reissue filing fee
1005	2005	160	80	Provisional filing fee
SUBTOTAL (1)			(\$)	0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3** =			
Multiple Dependent				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	18	9	Claims in excess of 20
1201	2201	84	42	Independent claims in excess of 3
1203	2203	280	140	Multiple dependent claim, if not paid
1204	2204	84	42	** Reissue independent claims over original patent
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)			(\$)	0.00

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1051	2051	130	65	Surcharge - late filing fee or oath
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet
1053	1053	130	130	Non-English specification
1812	1812	2,520	2,520	For filing a request for ex parte reexamination
1804	1804	920*	920*	Requesting publication of SIR prior to Examiner action
1805	1805	1,840*	1,840*	Requesting publication of SIR after Examiner action
1251	2251	110	55	Extension for reply within first month
1252	2252	410	205	Extension for reply within second month
1253	2253	930	465	Extension for reply within third month
1254	2254	1,450	725	Extension for reply within fourth month
1255	2255	1,970	985	Extension for reply within fifth month
1401	2401	320	160	Notice of Appeal
1402	2402	320	160	Filing a brief in support of an appeal
1403	2403	280	140	Request for oral hearing
1451	1451	1,510	1,510	Petition to institute a public use proceeding
1452	2452	110	55	Petition to revive - unavoidable
1453	2453	1,300	650	Petition to revive - unintentional
1501	2501	1,300	650	Utility issue fee (or reissue)
1502	2502	470	235	Design issue fee
1503	2503	630	315	Plant issue fee
1460	1460	130	130	Petitions to the Commissioner
1807	1807	50	50	Processing fee under 37 CFR 1.17(q)
1806	1806	180	180	Submission of Information Disclosure Stmt
8021	8021	40	40	Recording each patent assignment per property (times number of properties)
1809	2809	750	375	Filing a submission after final rejection (37 CFR 1.129(a))
1810	2810	750	375	For each additional invention to be examined (37CFR 1.129(b))
1801	2801	750	375	Request for Continued Examination (RCE)
1802	1802	900	900	Request for expedited examination of a design application
Other fee (specify)				
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3)	(\$) 410.00

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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Laurie A. Hill	Registration No. (Attorney/Agent)	51,804
Signature	<i>Laurie A Hill</i>	Telephone	(858) 720-5100
		Date	April 28, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.	
Dated: 4/28/03	Signature: <i>Tami M Procopio</i> (Tami Procopio)



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/840,795	
	Filing Date	April 23, 2001	
	First Named Inventor	Erin E. MURPHY	
	Group Art Unit	1646	
	Examiner Name	E. Ohara	
Total Number of Pages in This Submission		Attorney Docket Number	140942000401

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Return Postcard Exhibits A-D
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	MORRISON & FOERSTER LLP Laurie L. Hill - 51,804
Signature	
Date	April 28, 2003

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